AMENDMENTS TO THE SPECIFICATION

Please replace the first full paragraph on page 6 spanning over to page 7 with the following paragraph:

Figure 2 illustrates a preferred embodiment of the present invention comprising a module for operative connection with an existing patient controlled medication device such as the device exemplified in Fig. 1. The switch housing 118 in Figure 1 is now represented by 128 in Figure 2, which houses the button 120 plus additional electronics. These electronics comprise digital signal ~~processing~~ processor 130, a microphone 132, an annunciator 134, and an electronic switch 138. The signal processor 130 is operatively associated with a digital storage component, such as a flash memory, indicated at 131, which memory may be external (as shown) or internal. In use, the patient depresses the normally open switch 120 and closes the contacts 134 which completes the circuit and connects the battery 136 that powers the circuitry. At this time the patient speaks a particular word or set of words, which should be more than one syllable, into the microphone 132. The digital signal processing unit 130 compares the patient's pattern of speech with the stored pattern or patterns of the same patient. If the patterns match, then the device 130 commands an electronic switch 138 to close the contacts 142. This closure then allows current flow to the electronics portion 106 of the PCA. At the same time the annunciator 134 "beeps" or makes an appropriate auditory tone to let the patient know that the process has been completed and the patient can release button 120. Once the patient releases the hold on button 120 the circuitry in housing 128 powers down as the circuit is now open. The PCA determines whether the programmed parameters are appropriate to medicate the patient after receiving the closure signal from switch 142. If so, then medication from the reservoir 104 is delivered to the patient via catheter 122.

Please replace the first full paragraph on page 7 with the following paragraph:

To program the unit with the patient's voice pattern, access port 144 on housing 128 is removed by a clinician by key or other mechanism to expose switch 146. This switch is moved to ~~it's~~ its other position. The clinician then depresses switch 120 to energize the unit. The processing system 130 determines that switch 146 is in its

alternate position and so enters the "learning" mode. In this mode the processing unit 130 erases it's stored voice patterns and an annunciator 134 signals by beeping three times, as an example, to indicate to the clinician that the unit us ready for programming. The clinician holds the unit up to the patient who says a predetermined phrase into the microphone. The system may, via the annunciator, indicate adequate capture of information and then beep three times again to capture a second sample from the patient. Capturing more than one voice pattern sample permits the processor 130 to undertake some averaging of the voice pattern which will permit it to accept wider variation of the ~~patients~~ patient's voice print and, ultimately, better discrimination against non-patient voice inputs. Alternatively, the processing system may use the second voice print of the patient to compare with the first voice print. Once finished, the annunciator will beep a series of times to indicate successful acquisition of the desired number and/or validation of the voice prints. The clinician can then release button 120 and move switch 146 back to it's original position and close the access port 144. It should be noted that if 144 were a keyway and the clinician used a key to move from "close" to "open" and if switch 146 engaged in the "open" position then access port 144 is not necessary.